

Case Number:	CM15-0012623		
Date Assigned:	01/29/2015	Date of Injury:	02/09/2011
Decision Date:	03/18/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old male who sustained an industrial injury on 2/9/11. The injured worker reported symptoms in the right upper extremity. The diagnoses included status post right ulnar nerve transposition surgery and severe complex regional pain syndrome involving the right inner elbow and forearm, and ulnar aspect of the hand. Treatments to date include oral pain medications, physical therapy, epidural injections, and spinal cord stimulation. In a progress note dated 9/16/14 the treating provider reports the injured worker was with "severe burning, shooting, electrical pain." also noting decreased range of motion as well as "positive color and temperature changes in the right are and forearm." A progress note on 10/14/14 indicated the claimant had severe pain in the right upper extremity. Medications allowed ADL. On 1/15/15 Utilization Review non-certified the request for Retrospective request of 10/14/14 for Hydrocodone/APAP 7.5/325mg #60 and Retrospective request of 10/14/14 Nucynta 75mg #90. The California Medical Treatment Utilization Schedule Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request of 10/14/14 for Hydrocodone/APAP 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone/APAP is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been failed a prior spinal cord stimulator. He had been on Tylenol for pain at the time of Hydrocodone request. Urine drug screen was consistent with medications given. In this case, it was uncertain if the Hydrocodone is helping the pain or the Tylenol. There was also no VAS score provided in 10/2014 to determine response. There is no indication to use Hydrocodone with Tylenol as well as Tylenol alone. As a result the request for Hydrocodone/APAP is not medically necessary.

Retrospective request of 10/14/14 Nucynta 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. They are not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been failed a prior spinal cord stimulator. He had been on Tylenol for pain at the time of Hydrocodone request. Urine drug screen was consistent with medications given. In this case, it was uncertain if the Hydrocodone and Nucynta was helping the pain or the Tylenol alone. There is also no VAS score provided in 10/2014 to determine response. As a result the request for Nucynta is not medically necessary.